



Kaiser Foundation Health Plan of Washington  
Individual and Family Plans  
GNW-C1W-02  
PO Box 35002  
Seattle WA 98124-3402

SALLY SAMPLE  
123456 SAMPLE ST  
SEATTLE, WA 98117

**Important: Kaiser Permanente Washington is continuing to offer your health coverage for the next year.** Some plan details may have changed, including your costs, coverage and providers.

October 6, 2017

Dear Sally Sample,

**Why am I getting this letter?**

We want to re-enroll the people in your household currently covered by this health plan so that you can keep your coverage in 2018. The last day of your current coverage is December 31, 2017. These people are:

Sally Sample  
Sample Child 1, Sample Child 2

Every year, companies can make changes to the plans and coverage options they offer. This letter summarizes any changes to your coverage so you can decide if you want to keep your plan or look for a different one. Changes described in this letter will take effect January 1, 2018.

Your new premium starts on January 1, 2018. You'll pay \$123.45 each month.

If some people in your household have a different kind of coverage—such as Medicare, Washington Apple Health, or a dental plan—they may get a separate letter about how to keep their coverage.

**Changes we're making to your current health plan:**



	<b>Current 2017 Plan</b>	<b>2018 Plan Recommendation</b>
	Core Bronze HSA 80473WA071234567	Core Bronze HSA 80473WA075678910
Changes to your benefits	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>
Changes to your cost sharing	<ul style="list-style-type: none"> <li>Prescription drugs - Preferred generic 20% after deductible; Preferred brand 40% after deductible; Specialty drugs 50% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drugs - Preferred generic 20% after deductible; Preferred brand 40% after deductible; Non-preferred drugs 50% after deductible; Specialty drugs 50% after deductible</li> </ul>

This list may not include all changes, such as changes to the prescription drugs or providers we cover. For full information about changes to your plan, contact us.

**What should you consider before choosing your plan?**

- ✓ **Cost:** This isn't a Washington Healthplanfinder, or "Exchange" plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs if you remain enrolled in this plan. To see if you qualify for these savings, go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) to shop and compare plans.
- ✓ **Providers:** Your coverage may have different doctors or hospitals in 2018. Call or visit [kp.org/wa/provider-directory](http://kp.org/wa/provider-directory) to make sure your doctor and other health care providers are covered.
- ✓ **Benefits:** Call us or visit our website for a copy of your plan's 2018 benefit booklet, which includes a description of benefits and the costs you pay when you use services.
- ✓ **Drugs:** Call us or visit [kp.org/wa/if-member](http://kp.org/wa/if-member) for a copy of your plan's 2018 drug formulary, which includes a list of covered prescription drugs.

**What if you want to change health plans?**

The Open Enrollment period for 2018 coverage is November 1, 2017 through January 15, 2018. Coverage starts on the first of the month, and you will need to sign up by December 15, 2017 for your coverage to start the next month. To make sure there isn't a gap in your coverage, and avoid paying a penalty, the deadline to enroll is December 15, 2017 for coverage that starts January 1, 2018.

**There are two ways you can choose to buy a new health plan:**

1. Through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org). Here you can compare plans, find in-person help in your community, and see if you qualify for free or lower-cost options depending on your income. If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder. You can find plans from Kaiser Permanente Washington on Washington Healthplanfinder. The deadline to enroll is December 15, 2017 for coverage that starts January 1, 2018.
2. Directly from Kaiser Permanente Washington, another company, or with the help of an agent or broker.

**Questions?**

- To learn about your plan or other options for health coverage through Kaiser Permanente Washington, contact us toll free at 1-800-290-8900 or TTY 711, from 8 a.m. to 5 p.m., Monday through Friday. Or visit [kp.org/wa/if-member](http://kp.org/wa/if-member), where you can review the Summary of Benefits and Coverage for the plans.
- Call 1-800-290-8900 to request a reasonable accommodation at no cost to you if you have a disability.
- To update your account or learn about options for health coverage or financial help through Washington Healthplanfinder, contact [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.

Sincerely,



Melinda Hews  
Executive Director  
Health Plan Division, Kaiser Permanente Washington



# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

### **Kaiser Permanente:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge. The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Fax: 206-901-6205 or toll-free 1-888-874-1765

Address: Kaiser Foundation Health Plan of Washington

Civil Rights Coordinator, Quality GNE-D1E-07

P.O. Box 9812

Renton, WA 98057-9054

Email: [csforms@ghc.org](mailto:csforms@ghc.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.



## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese): 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): របៀប:** បើសិនអ្នកនិយាយខ្មែរ, សេវាជំនួយភាសា យេមិនគិតល គឺចូលសំបុត្រអត់។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけません。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic): ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.